The Canadian Nurse

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A WAYSIDE NOTE FROM AN INDIAN RESERVE.

Mis-koo-i-new or Red Eagle never missed making his weekly visit to the White Medicine Woman, and just as often was he seen emerging from her little log cabin with a parcel of something containing medicinal properties. A visitor once remarked with a twinkle in her eye that Mis-koo-i-new would never recover as long as the Medicine Woman's bread and tea held out.

Be that as it may, Mis-koo-i-new was a visitor this afternoon. He amused himself with the illustrations in that interesting book, "The Apostle of the North," by the popular Yukon author, whilst his hostess fried the moose meat, baked the bannock and cut the pemmican. Mis-koo-i-new must have a good feast this day—it is the 79th anniversary of his birth.

Luncheon over, the visitor settled back in the comfortable arm chair and the profound silence which followed gave evidence that he was indulging in a little retrospection. The old Indian's eyes grew dim, his head bowed low—memory was travelling backward—ever backward over the many years which had passed away. In fancy he was a child again and lived in the wilderness of the West before the white man and railroad had invaded his territory. In fancy he saw again the heathen feasts, the heathen dances, the wild incantations of the medicine men, stripped to the skin with a belt of rattling objects about their loins, beating the drums, and doing battle with the evil spirits. When he spoke again it was in a voice scarcely audible. "Young all gone now," said he pathetically. "Am too old to chase the moose and deer—I guess I soon die—well, am glad for one thing, am Christian Indian."

My visitor was in a reminiscent mood. I seized the opportunity. "Was your father a Christian, Mis-koo-i-new?"

The question was like a match touched to dynamite. "That's what me think about to-day. I tole you all the story."

Mis-koo-i-new's English is not of the purest, yet by paying the strictest attention he could be followed fairly well.

Many years ago, so the story runs, when this great western country scarcely bore the imprint of a white man's foot, when a certain band of Indians was lying about an encampment smoking their pipes, telling their stories and basking in the mid-day sun, a strange canoe bravely passed up the Saskatchewan. Its occupant, a Jesuit priest, affectionately greeted the red men, and explained to them the object of his visit. He had come with a message from the Great Spirit. A tent was pitched and for many days he faithfully taught this band of Indians, pointing them to the one true and living God.

The seed fell upon good ground and bore fruit. Mis-koo-i-new, his mother and brother were amongst those who believed and were baptized.

"My father," said the interesting visitor, "was a very big man with the

Indians, just like the Bishop with white peoples. A very big medicine man—the most highest and very much honorable position."

"He travelled constantly over a very large territory, meeting the people and indulging in the heathen customs.

"When the grass comes green, the water runs, and the birds sing, I will return to see my people. When six moons have come and gone meet me here, my father would say, then he would visit another band. But," said Mis-koo-i-new, "I want to tell you about that priest. He taught the people to pray, then he said to them, Farewell, my dear people, promise me that when I am gone you will say the prayers and keep the faith. I will come again to see you. Farewell, God be with you."

Nearly seventy years have passed away since that day, but in fancy he could still see the priest pushing off his frail canoe. It was in the early morning, the grass still wet with dew, the sun just rising over the distant hilltops and bravely struggling through the leafy branches—perhaps to lend a touch of brightness to the solemnity of the scene—the Christian Indians, gathered on the river bank, fired their parting salute as the little canoe heroically launched out toward the unknown.

"We never saw that priest again that baptized me, and I don't know his name. I heard that he was drowned in the river—and again I heard that heathen Indians killed him, they don't like the Christian—he never came back to see us."

"One thing is very strange, my father was heathen, but if I go to sleep before I pray (I was very small—ten years, I guess) he would hit me and say, Wake up, you Christian, and say your pray. You promise to do it, and Indians must not break a promise."

One time Mis-koo-i-new accompanied his father on a very long journey to visit a distant tribe. The feast was in progress, the great medicine man in the seat of honor was enthusiastically beating the drum when suddenly he stopped, and turning to his little son at his side said, "Tell me why you look so sad, and watch me all the time when I am beating the drum? I no look on you when you say your pray."

This was the last time Mis-koo-i-new's father took part in a heathen feast. Soon afterwards he met a missionary whom the Church of England had sent to the Indians. This missionary was none other than the late Venerable Archdeacon Hunter, the first resident missionary at Le Pas. Faithfully and devotedly the Archdeacon and Mrs. Hunter labored on and on for the welfare of their people and into the language of the Crees they made several invaluable translations, including the Church Prayer Book, which is in use to-day. "They rest from their labors and their works do follow them."

To lead this medicine man away from his heathen religion—away from the traditions of his race—to influence him to give up the post of honor which he held among his people was no easy task. We may be sure the missionary had him much upon his heart and earnestly pleaded for him before the throne of grace. "Fervent prayer availeth much."

"For a long time," said Mis-koo-i-new, "my father would not listen much to the missionary, but after a while he grew very silence, and think all the time.

Something hurt him in his heart, and he could not sleep, he stay much alone in the woods."

"One night he made himself brave. He went to see the missionary—told him about the pounding in his heart, the hurt that would not go away—that he had made a decision to receive baptism and be in the band with those Indians who worshipped the one true God."

We are told the missionary was deeply moved—tears dimmed his eyes—to him was given that night the highest privilege, that of beholding a new born soul struggling forth from the darkness of heathenism into the glorious light of the Gospel.

Uplifted are the gates of brass,
The bars of iron yield.
Behold the King of Glory pass;
The Cross hath won the field.

"I wish," continued Mis-koo-i-new, "that the young could come back to me, and I have a chance to be educate like the Indian children to-day. I am not civilized, but I am a little of it. I civilize enough to feel sorry that I had no chance. I would like to preach to my people, to tell them that Christ died for the Indian as well as the white man, but all my people is Christian; I am glad for that. Soon I go to see the Great High Chief, because I believe in God, and in His Son Jesus Christ who redeemed me. I believe, have been baptized and have kept the faith."

The old Indian's face shone with a glorified light—his thoughts were not of earth. With the Eye of Faith he was beholding the splendors of the distant shore—in fancy he had entered in.

ANNA ASENATH HAWLEY.

SEQUEL TO "THE SHALL-BE-NURSE."

The day the nurse leaves the school she enters upon a new schooling in the school of life, where she stands alone, unguided, entirely dependent upon her own resources for all that is demanded of the private duty nurse—for, of her alone is certainly expected more than of any human being in any walk of life. She needs must be healthy and strong so that she can work numberless days without sleep, and not appear tired; she must be most amiable and sympathetic at all times, she must be tactful beyond comparison in dealing with patient, doctor, family, friends and servants. She must be ingenious enough to construct anything which may be needed, but not possessed. She must be an excellent cook and house-cleaner, and sufficiently observant to know where all things are kept without asking, she must be able to cook the meals for the entire family, do the washing and care for the patient if necessary. She must not trespass upon the domain of the physician by taking any credit for the patient's recovery. She must be a good seamstress, and able to mend and make clothes for the family. She must not impose upon the servants while cooking food for the patient, nor must she ask them to assist her. She must be able to uphold the good name of her profession by not transgressing any one of these requirements, and in addi-

tion must be highly educated, and willing to take the blame for all mistakes. And for all this she must ask no remuneration unless the patient is well provided with this world's goods, and feels that he can afford to pay the nurse after the doctor's bills have been settled. Judging from what we hear and read of the private nurse to-day, the foregoing is in condensed form a part of what is expected of her. As all great questions become agitated until a climax is reached, just so with this problem, let us hope that the climax is near at hand, and that the reaction will result in favor of the most noble and self-sacrificing of all humanity—the nurse.

To the nurse about to enter this wilderness of uncertainty a few hints may not be amiss. In the first place, upon entering into the heart of the household, do not be too friendly in an effort to win, be natural and in time win by meriting the respect and good will of the family. Always remember that you are the nurse in the family—too often nurses err in forgetting this—and intrude themselves upon the social realm. If invited to enjoy a social evening, or dinner, do so with some reserve, and discreetly withdraw as early as possible without too hasty a retreat. Never wear out your welcome. Always remember to be deferential to members of the family and friends—it places yourself on a higher plane and adds to your own dignity in acknowledging the prerogatives of others.

Always impress upon the family that the patient is your first consideration. Be observant in a quiet way, and learn to know where the necessary articles may be found.

A smile and cheerful disposition go a long way in making the road easy. Always meet the doctor with a smile, and expression of confidence and good will —too often doctors are met with worried looks. Always rise and remain standing in the present of the doctor, and try and forestall his needs. Withdraw discreetly if patient and doctor seem to speak in confidential tones. Never forget to report to the doctor any mistake you may have made in his absence or any accident which may have occurred due to your own carelessness or otherwise. Always be perfectly honest and courageous in everything. It is better to forfeit the good opinion of others, rather than your own opinion of yourself, and many times in making an honest acknowledgment of a mistake you will be condemned, but we all know that mistakes will happen, and in honestly confessing you remove all burden from your conscience.

The domestic problem is one of the most embarrassing, and every nurse should know that servants everywhere must be dealt with carefully. First try and win them by an occasional compliment, as a rule they are very susceptible. Offer to assist them with something. Always appear interested in their stories of themselves, and offer them little items of advice occasionally. Never appear arrogant nor on the other hand familiar. Take a kindly interest in them, and very soon they will be only too willing to lend assistance.

Never act as if you resented the possibility of being expected to assist with the household duties—on the contrary, always show that you regret having been so thoughtless in not offering your assistance and in conferring the favor. Just quietly avoid taking notice if you suppose that there is any imposition.

So much is being said to-day of the disadvantages of having a nurse in the

house that one is tempted to think that either the laity is very unjust and uneducated—in so far as what should be expected of a nurse—or, that the nurses are making themselves obnoxious. We are compelled to admit that in all avenues of work, there are a few who deviate from the fundamental principles taught them—such has always been and such will always be the case, in nursing as well as in every other profession. It therefore remains for the majority to maintain the standard.

As to whether a nurse should carry articles, such as syringes, ice caps, ice collars, rectal tubes, catheters, bath thermometers, bed pans, air cushions and even ice-cream freezers (?), hot-water bags, etc., is a question I think which needs not be contended. It seems most unreasonable to suppose that a nurse should be a conveyance of "convenient articles" or hospital equipment.

If she carries a thermometer and a hypodermic syringe nothing more should be expected of her. If a family can afford the services of a nurse they should also afford the necessary conveniences. If, however, a nurse is called into the country on what she understands to be a very serious case or emergency, she should realize that in such an event the family will not have thought of the provision of articles for immediate need—it would in such a case be a wise thought for her to take some of these things with her, as the distance may make it almost impossible for the family to get such necessities in good time.

I would advise all nurses to absolutely refuse presents, or money as a gift, and thus help towards erasing from the minds of the laity that a nurse—in addition to her exorbitant fee!—always expects a present, and that it is a conventional obligation.

The thought that such a feeling exists should be repulsive to any self-respecting woman. In some incidental way let the patient know that you disapprove of nurses accepting presents. The private nurse is always entitled to a certain number of hours daily off duty, for rest and recreation. The time varies somewhat in different localities.

If the patient is unusually ill and you are the only nurse on the case, try and arrange for a responsible member of the family, or friend, to relieve you. It cannot be expected that you should work twenty-four hours out of twenty-four, and do justice to your patient. If there is any difficulty about being relieved speak to the doctor and have his advice in the matter—whatever the doctor advises usually impresses the people and has the desired result.

When a nurse does considerable nursing in one community and much for the same doctors, she is very likely to be called for a patient whose family may be almost destitute, and while it is sometimes maintained that a nurse is a luxury and should be engaged by only those who can afford to, yet one must realize that there are conditions so serious as to obliterate all mercenary reasoning from her mind, and sufficient to call forth all humane and philanthropic impulses regardless of remuneration; recompense will come in the saving of a life dear to someone. A nurse never loses by willingly lending herself in such a crisis.

When a nurse receives a call she should accept without any attempt at selection—it is expected of her—a doctor must go where called. If a nurse wishes to specialize she must register accordingly, otherwise she has no right to

make a selection of cases. The time may come when nurses will be privileged as the medical profession—in demanding an extra fee from those who are able to pay, thus making up for gratis cases.

MARY A. CATTON,
Superintendent Training School, General Protestant Hospital, Ottawa.

GRADUATE NURSES' ASSOCIATION, BRANDON.

A special meeting of the Graduate Nurses' Association of Brandon was held in the Y. M. C. A. on February 26, 1912, to hear Dr. Stewart, of Ninette Sanitorium, speak on his favorite subject, "Tuberculosis." Dr. Matheson briefly introduced the speaker, claiming him to be the best authority in the West on tuberculosis.

Dr. Stewart spoke of the prevalence, symptoms and treatment of the disease, and emphasised the fact that it is a disease very difficult both to diagnose and treat, because patients can scarcely be made to realize the importance of careful, rigid treatment in the incipient stages. About fourteen patients on an average are admitted monthly at Ninette, and of these only two are in the incipient stage, three moderately advanced, six advanced cases, but good for treatment, and three bad cases. These figures show that very little attention is paid until

Ninette Sanitorium, Manitoba.

cases are mostly well advanced. "Tuberculosis," says Dr. Stewart, "is a social problem as well as a medical one, since crowded, badly ventilated shops, poor food, overwork of any kind—even overplay—lingering, debilitating diseases, pregnancy, childbirth, lactation, etc., all tend to lower the powers of resistance, thereby giving the latent germ its chance."

A nurse should keep ever in mind the fact of the latent germ in at least an average of one case in two, and the opportunity is hers to note the earliest symptoms and report them to the attending physician, thereby securing for the patient all the advantages that early treatment and early diagnosis afford.

Patient complains first of tired feeling, out of sorts, loss of appetite, particularly in morning, hack (they would not dignify it by term cough), loss of weight, later, temperature is elevated in the afternoon, there is enlargement of glands, and perhaps at this stage a doctor is consulted and a well advanced case of tuberculosis is discovered.

The case is one which cannot be reached by drugs. Regularity in living, fresh air, good food, are all important and necessary, but the *most important* treatment is *Rest*. No rule can be laid down for the care of these cases generally. Each case should be treated singly, and rest, exercise, etc., regulated so as to conserve the strength of the patient that there may be some advancement, though ever so slow, till at last there may even be allowed some expenditure of energy which would be beneficial. "*Tuberculosis is a most curable disease*," says Dr. Stewart.

He also referred to the unwillingness of many nurses to take charge of this disease, and said while he would not say it should be handled otherwise than most carefully, yet it is not as infectious as measles, scarlet fever, smallpox or even typhoid fever, and a conscientious, careful patient need not be dangerous to anyone.

Dr. Stewart speaks with such earnestness that one almost involuntarily catches his enthusiasm, and feels that advancement has been made along the lines of treating tuberculosis and greater things must shortly be accomplished. He says anyone who has any inclination to take up this work will find plenty of opportunity, for "the fields are white unto the harvest" but "laborers are few."

Brandon. CHARLOTTE KETTLES.

TUBERCULOSIS VISITING IN LONDON.

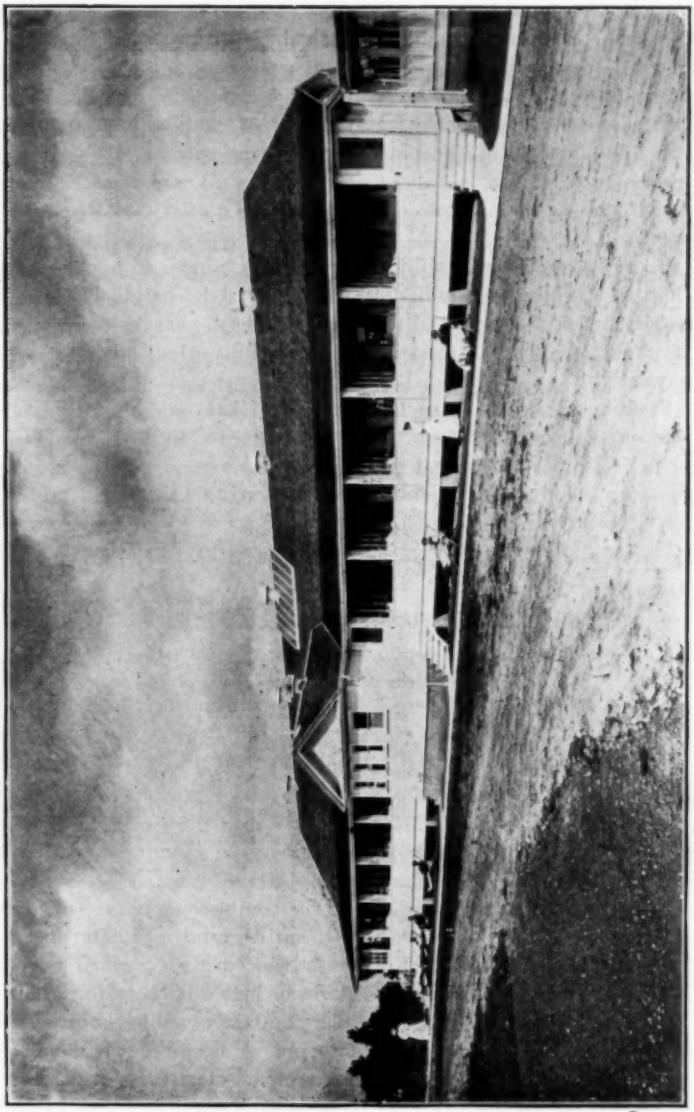
It is just one year since the work of visiting the tuberculous sick of this city was started. During that time it has had quite a marvellous growth. In January of 1911—the month of its inception—fourteen calls were made upon patients. In January, 1912, the number has increased to seventy-five.

At first only London was visited, but later St. Thomas was included. and now one day every two weeks is spent there.

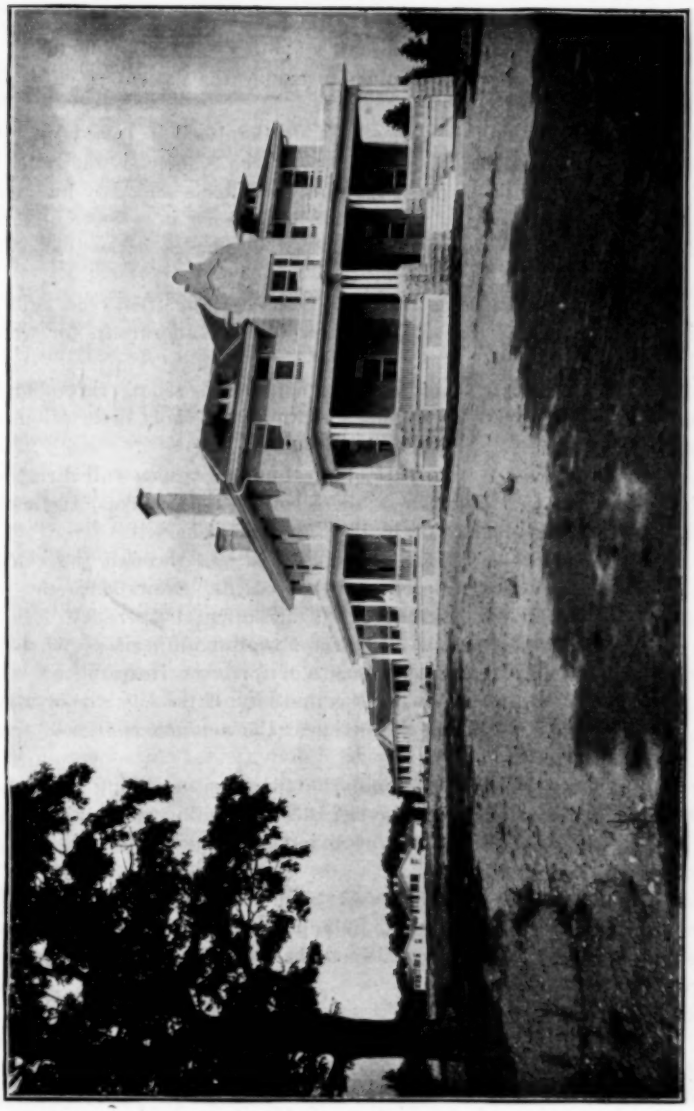
The work consists of general instruction regarding cleanliness, fresh air, food, fumigation, care of sputum, care of dishes and clothing. These instructions are not given just as so many cut-and-dried rules but every direction is explained till the patient has some idea of the troublesome nature of germs.

For the incipient cases we have the Queen Alexandra Sanatorium at Byron, about four miles from London. For the advanced cases a ward is reserved at Victoria Hospital, but there are cases midway between these for whom neither place is suitable. These must be put under the best possible conditions at home. Also some patients suitable for the sanatorium or hospital will not leave home. For all these the nurse must be constantly on the alert to see that her instructions are carried out to the letter, as there is no disease in which a rigid adherence to orders is so necessary.

In an incipient or moderately advanced case every day must have its rest and exercise regulated as even an exciting book will raise a temperature and to that degree delay the recovery.



Queen Alexandra Sanatorium (Pavilion), London



Queen Alexandra Sanatorium, London.

In advanced cases the main objects are to prevent the spread of the infection to others, and to ensure the comfort of the victim.

More often than not the patient is left entirely in the hands of the nurse, the doctor being called only in an emergency. She must be ready to meet every small indisposition as it arises.

The financial condition of the patient is another subject for enquiry. Very often food or clothing must be supplied to enable the patient to carry out instructions.

The fund from which these necessities are supplied is raised by the Woman's Sanatorium Aid Society, an organization whose object is the relief of the tuberculous poor and without whom the nurse would be seriously handicapped.

Unless she has something of this nature back of her it is waste of breath to give instructions which the poverty of the patient makes impossible of fulfillment.

Out of this fund have come blankets, underclothing, footwear, milk, eggs, and various dainties in the line of food even down to sauerkrout, for which one patient long had a craving.

Also by means of this fund we were able to distribute throughout over thirty factories and workshops pamphlets containing a short description of consumption and the means by which it is spread.

After death or removal of a patient the family is given full directions for thorough fumigation, written down so there can be no mistake. If there is no responsible, intelligent person to do it the nurse does it herself.

At first the method of getting the patients was through the clergymen, medical men and friends or relatives of the patient. Now, since the work is better known, nearly all come through the Out-Patient Dispensary.

Through the kindness of the Victoria Hospital authorities, we have our dispensary in the Out-Patient Department of Victoria Hospital. Two afternoons a week are reserved for tuberculosis and any of the city's poor may come for free examination. Medicines are given at the nominal charge of five cents a bottle.

Very often cases come for examination who are suffering from debility, anaemia or similar ailments. To prevent these becoming tuberculous they are always instructed in healthful ways of living and usually one visit is paid to their homes.

Thus, by preventing advanced cases from becoming a source of infection, by trying to cure the early cases and by educating the public we are trying to do our share with the other cities to lessen the number of recruits for the army of tuberculosis.

London, Ont. L. M. WATSON.

REGISTRATION.

The Graduate Nurses' Association of Manitoba held a meeting in the Nurses' Home of Winnipeg General Hospital on February 15th, to consider the question of registration for nurses. Doctors and Superintendents of hospitals throughout the Province were invited to be present to discuss the question that a decision satisfactory to all might be reached.

"Miss K. A. Cotter, President of the Alumnae Association of the Winnipeg General Hospital, was in the chair. Addresses on the subject, followed by lively discussions, were given by Mrs. J. H. R. Bond, Miss Bowman, Superintendent of the Hospital of Portage la Prairie; Mrs. Ethel Gilroy, Miss P. Smith and Miss Rathbone.

"Mrs. Bond said she had come in contact with many nurses, and each year was more and more impressed with the crying need for legislation requiring a definite standard. The great difficulty was the small hospital, and that might be overcome by a scheme of affiliation with the large institutions.

"Dr. W. R. Nickols, saying that he represented the Misericordia Hospital, stated that he agreed entirely with the demand for a three-year course for a general nurse and for a standard of preliminary training. But there was the question of special nurses. Nurses in the Misericordia Hospital, for instance, received a training in obstetrics—how was the question to affect them?

" 'What is to prevent a nurse with only a special training from demanding a general case?' put in Dr. Mary Crawford.

"Dr. McRae, of Neepawa, was heartly in accord with the setting up of a general standard of training and for entrance tests, but disagreed with the proposed clause forbidding nurses in training in small hospitals from doing a little private nursing. It was the only way they could get this phase of the training.

"C. N. Bell remarked that the purpose was not to interfere with any nurse whatsoever, but to give those who could pass the required test the right to put R.N. as a testimonial after their names.

"Miss P. Smith contended that registration would protect the nurse and the public would get better educated woman to go into the profession.

"Dr. W. P. Morrill had had much experience with graduate nurses and had seen the workings of registration in New York, Pennsylvania and Maryland. The crux of the whole discussion, in his opinion was the distinction between sympathy for the young woman seeking a means of livelihood in a nurse's diploma, or sympathy for the public she was about to practice upon. 'Keep your standard high,' he advised, 'but remember it is not you nor I but our patients that are to be considered.' He suggested a plan of grading nurses such as registered, graduate and practical. The medical profession in the United States had had a similar struggle.

"Mrs. Bowman dealt with the pros and cons of the affiliation of the small with the large hospitals, suggesting that a nurse might take her first year in a small hospital, her second in the affiliated large hospital, and return to her own to graduate.

"Miss Rathbone considered the question in the final analysis devolved on the nurses, and begged them to reach some conclusion.

"Following Miss Gilroy's plea for the protection of the profession and of the public by registration, Mr. McNeil, of Dauphin, said he was in favor of the spirit of the proposed legislation, but considered that the bill should not be too stringent, but should adapt itself to Manitoba conditions."—*Manitoba Free Press.*

"That the nursing profession become a part of the University and that nurses receive degrees from that body was the suggestion made by Dr. Mary

Crawford. She said if the profession and the University were linked up in this way in each Province, an interprovincial system of ad eundem degrees might be arranged, such as the medical profession in Canada was struggling for. Under this scheme a candidate for the profession would have to have matriculation standing. Her experience in her practice had concerned her that a definite standard for nurses was necessary in the interests of the public. R. N. would mean not only 'registered' but 'reliable' nurse.

"'A doctor or a lawyer,' said Dr. Halpenny, 'is forbidden by law to practice unless fully and definitely qualified, but the law has no bearing on the nurse. From the standpoint of the public welfare this is wrong.' He said that in three months after he went into private practice he encountered no less than five persons calling themselves graduate nurses, and practising as such, who were discharged probationeers from the Winnipeg General Hospital. He had known of these impostors endangering lives, but there was no one to say them nay. There were the three reasons for the new system, *the rights of the patient, of the women who spent three years in training* and *of the physicians.* He also heartily concurred in the University scheme, saying that educationalists and hospital authorities could work out the details.

"Dr. McKenty, of St. Boniface Hospital, agreed in the necessity for a legalized standard, but thought the time was not ripe for demanding matriculation as the preliminary education.

"Dr. D. A. Stewart, of Ninette, speaking on the affiliation of hospitals, made a special plea for nurses taking a course at the sanatorium to learn something of the treatment of tuberculosis. The ignorance of nurses of the proper treatment of this disease, militated against the chance of eradicating it.

"'We can't get graduate nurses to go into the country,' said Dr. Hugh Mackay. 'We must retain the country hospitals.'

"C. N. Bell said that the directors of the General Hospital would help the nurses as soon as they had formulated a plan. A resolution moved by him and seconded by Mr. McNeil, of Dauphin, expressed the spirit of the meeting as in favor of setting a definite standard for the nursing profession, both in the interests of *the public* and of *the profession* itself."

ANNUAL MEETING.

The twelfth annual meeting of the Canadian Association for the Prevention of Tuberculosis takes place in the Margaret Eaton Hall, North Street, Toronto, on May 20th and 21st, under the presidency of Dr. J. Geo. Adami, McGill University, Montreal.

THE IDEAL NURSE.

A Recipe.

If you would make an ideal nurse,
Just follow these directions terse.
Take all the virtues one by one,
That can be found beneath the sun.
Rude health will surely be required,
And strength and patience never tired.
Truthfulness almost to excess,
With tact that borders on finesse.
The man's control of heart and nerve,
The woman's eagerness to serve.
A spirit capable of sway,
Yet trained in meekness to obey.
An aim sublime, a tender heart,
The skill to act a varying part.
An observation wide and clear,
A watchful eye, a listening ear.
A hand as soft as velveteen,
Though often washed in 1.19.
Take them and mix them, if you please,
In right combining qualities.
Add as a flavouring, generously,
Strong essence sweet of sympathy.
And like a sauce to bind the whole
Use true unselfishness of soul.
Warm well—the mixture's spoilt if cold;
Serve in a neat and tasteful mould.

—*Nursing Journal of India.*

THE SCHOOL NURSE

The regular monthly meeting of the Public School Nurses' Association was held at the "Brown Betty," 42 King street east, Toronto, on March 4th. Miss Rogers, President, presided.

Dr. Hastings, M.H.O., Toronto, gave an address on the work of his department, referring specially to the assistance given by the School Nurses who reported cases of suspected infectious disease in school or home.

A hearty vote of thanks was tendered Dr. Hastings for his interesting and instructive address. Dr. Struthers, Chief Medical Inspector, was also present.

The Association has decided to hold the Annual Dance on Friday, April 19th, in the Temple Building.

Tea was served by the hostesses for the month.

Six nurses have been added to the Toronto Public School Staff—Miss Webster, Graduate of Grace Hospital, Toronto; Miss Brick, Miss Dayman and Mrs. Feeney, of Toronto General Hospital; Miss Elliott, of Lakeside Hospital, Cleveland, and Miss Van Every, of Buffalo General Hospital.

The greatest problem that confronts the School Nurses of Toronto is the inability to secure work through the proper agencies for the fathers who are idle. They are willing to work but there seems to be no organized plan of finding the work and acquainting the man who needs it with the fact.

Miss Helen Bone, Graduate of Grace Hospital, Toronto, who recently took a course in School Nursing in Vancouver, B.C., has been appointed School Nurse in South Vancouver. She has under her supervision seven schools with an attendance of 2,500 children.

In Vancouver, B.C., in 1911, the School Nurse assisted at 47,250 examinations, and visited 908 homes.

The London County Council has thirty-five day schools for physically defective children. In addition, teachers are provided for the schools in the London Orthopedic Hospital, the Alexandra Hospital for Hip Disease and the Hampstead Hospital for Incurable Children. The nurse, in her ambulance, collects the children, getting the last there about ten o'clock. She begins her rounds at 3 p.m. to take the children to their homes. A hot mid-day meal is provided, for which the parents pay 2d.

The nurse, who receives full instructions from the Medical Officer for the proper treatment of the children, has them constantly under supervision and entirely in her care during the noon hour (12-1.30). Special furniture is provided to enable the children to do their lessons with all possible ease.—*The Nursing Times.*

Dr. Brincker, lecturing to the L. C. C. School Nurses on "Skin Diseases," gave his scheme for dealing with any kind of eruption:—

Observe the shape, size and appearance of rash.

Decide where it originated.

Notice the plan of distribution and the arrangement in respect of grouping.

Notice whether there is pigmentation on the parts where rash has disappeared.

Observe the presence or absence of induration.

Ascertain the history of the rash, the presence or absence of rise of temperature.

Notice the general symptoms preceding, accompanying, or following the rash.—*British Journal of Nursing.*

A PRAYER FOR OUR CHILDREN.

Bless our children with healthful bodies, with good understandings, with the grace and gifts of Thy spirit, with sweet dispositions and holy habits; and sanctify them throughout in their bodies, and souls, and spirits, and keep them unblamable to the coming of the Lord Jesus.—Jeremy Taylor, 1613-1667.

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Editor.

Miss Bella Crosby, 41 Rose Ave., Toronto.

Editorial

ARRANGEMENTS FOR COLOGNE.

Nurses who contemplate attending the Congress at Cologne are reminded that they should arrive not later than Saturday, August 3rd. The Nursing Exhibition opens on that day and the delegates will be welcomed on the evening of the 4th, after the custom of foreign countries. Names of delegates should be sent to the President, Sister Agnes Karll, so that tickets and badges may be ready.

NOTE.

Canadian nurses who contemplate taking positions in the United States should first be careful to acquaint themselves with the requirements of the Alien Labor Law.

A nurse from one of our large cities, going to a position in a large city in the United States, recently had the humiliating experience of being refused admittance to the country. And she was a United States graduate, too. A knowledge of the law in this matter will prevent any recurrence of such an unfortunate experience.

In the report of the Annual Meeting of the National Council of Women of Canada, we note that H.R.H. the Duchess of Connaught purposes making a strong appeal to the different branches of the Victorian Order of Nurses to send more nurses into the isolated districts of Canada. This appeal to Graduate Nurses to do pioneer work should receive their thoughtful and sympathetic attention. The work, no doubt, is difficult, very difficult, and the isolation strikes terror into the heart of many an earnest worker, but it is needed, nay, it is necessary, if the mothers are to receive the care they need and which, from a humanitarian point of view, they rightly require at our hands.

There was a proposal to have partially trained, and in some cases untrained women, do this work. Would that be right? Are these isolated women not deserving of the best? Will the Graduate Nurse be found wanting when the call to duty sounds? Never, never let such a statement be possible. The fear of failing to make ends meet might well deter a nurse from undertaking this work on her own initiative, but let the wherewithal be guaranteed and the Graduate Nurses of Canada will rise to the call of these needy ones and the work will be done, and rightly, by Canadian nurses.

This may help to solve the problem, "How to Keep our Nurses at Home," which is claiming much thought at the present time.

The *British Journal of Nursing* of February 10th, gives some startling facts about hospitals in Germany which explain why German nurses are anxious that two questions should receive full consideration at the Cologne Congfess: (1) The Position and Responsibility of the Matron in Training Schools for Nurses; (2) The Overwork of Nurses.

"In Germany, the large hospitals are maintained by the State," and the result is "a veritable parsimony in the working of the hospital and a great lack

of the milk of human kindness. Nothing but bare necessaries anywhere." The absence of an efficient nursing staff seems the most deplorable. A hospital of 600 beds with only some 60 nurses, seems an impossibility. And a patient, after a severe abdominal operation, returned to the ward and left to the tender mercies of a convalescent, seems still more impossible.

The Matron has little power and so is unable to better the lot of either the patient or the nurse.

German nurses, under the able leadership of Sister Agnes Karll, have been working long and faithfully to bring about a better state of affairs. It is earnestly to be hoped that the Cologne Congress will be a powerful factor in furthering their work.

"SAIREY GAMP AT HOME."

The means taken by the London (England) nurses to celebrate Dickens' Centenary, was a most complete success as well as a thoroughly enjoyable function. *The British Journal of Nursing* says:—

"Great was the amusement and admiration expressed as each character appeared. The make-up and dresses were simply wonderful, and many friends were almost unrecognizable in their marvellous disguises.

"The hostess, Sairey Gamp, inimitably portrayed both in costume and character by Miss Ellen Birch, of St. Bartholomew's Hospital, played her part with great humor, and her faithful crony, Betsey Prig, Miss Hunter, was equally personable; the former rosy and rotund, the latter lank and lugubrious.

"Miss Beatrice Cutler, perfect as Madame Mantalini, and to whom the success of the evening was due, circulated genially around, dressed in a full, flounced, fringed, striped fawn silk gown, worn over a graceful crinoline, with a black and gold turban surmounted by two most frisky white feathers, added to which her glittering old cut steel ornaments, long earrings, necklet, hair comb and bag gave a most realistic touch to her whole costume. So full of *esprit* and *bon ton* was Madame Mantalini that we must presume we met her in the days of comparative prosperity, when head of the celebrated millinery establishment, and before—poor dear—her persuasive husband had spent all her money and reduced her to turning a mangle!"

ANNUAL MEETING.

The Sixth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in The Residence, City Hospital, Hamilton, Thursday, May 23rd, 1912, commencing at 10 a.m.

Friday evening, May 24th, a union meeting will be held with the Graduate Nurses' Association of Ontario.

An attractive and interesting programme has been prepared. A very cordial invitation is extended to those interested.

KATE MADDEN, President,
City Hospital, Hamilton.

ALICE J. SCOTT, Secretary,
11 Chicora Ave., Toronto.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.

Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Weyer, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 105 Roxborough St. E.; Corresponding Secretary, Miss Teeter, 498 Dovercourt Rd.; Treasurer, Miss Charters, 425 Carlton St.

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Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

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Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1156 Fort St., Victoria, B.C.; President, Miss Secretary-Treasurer, Miss J. C. Wardell, 113 Delaware Ave.

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Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

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Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Madden, R.N., Supt. of Nurses, City Hospital, Hamilton; Secretary, Miss Scott, 11 Chicora Ave., Toronto.

The Canadian National Association of Trained Nurses. — President, Miss Snively, St. Catharines; Secretary, Miss Stewart, Supt. of Nurses, General Hospital, Toronto.

The Association of Hospital Superintendents of Canada.—President, Dr. Boyce, Supt. General Hospital, Kingston; Secretary, Dr. Dobbie, Supt. Tuberculosis Hospital, Weston.

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The Graduate Nurses' Association of Ontario.—Pesident Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss E. R. Greene, Hospital for Incurables, Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

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The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

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The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

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The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss J Sloane, 154 Beverley St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pafford, 81 Grenville St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Connor, 418 Sumach St.; Secretary, Miss O'Meara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 125 Major St.; Cor. Secy., Miss Lucy Bowling, 77 Winchester St.

The Winnipeg General Hospital Alumnae Association. — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Miss Hall, 111 Broadway, East; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.

The Victoria Trained Nurses' Club—President, Miss Clark, 37 Douglas St.; Secretary, Miss H. G. Turner.

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The Canadian Public School Nurses' Association.—President, Miss L. L. Rogers, R.N.; Secretary, Miss N. Hatch, 33 Dundonald St., Toronto.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The fifteenth annual meeting of the Montreal Branch of the Guild was held on Tuesday, January 16th, when those present included Miss Stikeman (Superior) in the chair, the Chaplain, 5 Honorary Members, 11 members, 1 associate and 2 visitors.

The following extract from the Secretary's Report for the past year may be of interest:—

Our Roll now includes 50 members, 2 associates and 12 honorary members, two English members having been transferred to the Branch in 1911.

During the year seven regular meetings have been held, with an average attendance of ten nurses at each. There was no meeting in April. St. Barnabas' Day falling on Sunday, no special service was held, the members attending celebrations at their own churches. In the afternoon the Superior kindly invited members to tea in her garden, but the weather was so bad that very few were able to take advantage of the invitation. In December the Superior again entertained several of the members at tea. The addresses at the monthly meetings have been given by the Chaplain, with the exception of one by the Rev. H. M. Little, and one by the Rev. Mr. Durrand. Monthly celebrations have been held at the Royal Victoria Hospital by the Chaplain and have been well attended. For the greater part of the year it was impossible to have celebrations at the General Hospital on account of changes in the building, but these have now been resumed, and are much appreciated by the nurses.

As in the past several of the members living at a distance from Montreal continue to take an interest in the Guild and show this interest by corresponding occasionally with the officers and by their enquiries as to its welfare.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held at the Graduate Nurses' Club, 295 Sherbourne street, Toronto, on Thursday, March 7th, at 3 p.m. Ten members were present.

Miss Madden, President of the Canadian Society of Superintendents of Training Schools for Nurses, honored the meeting by her presence.

Arrangements were made for holding the Executive Meetings at the Club. As the work of the Nominating Committee was not complete, the report was referred back. Two new members were received.

Treasurer's Report showed $332.41 in the bank.

The report of the organization of a Chapter of the G. N. A. O. in Hamilton, the first, gave much pleasure. A letter of congratulation was sent to the Chapter.

A desk is to be secured for the preservation of the books, papers, etc., of the Association.

Ballots for Officers and Directors of 1912-13 will be sent to all members in good standing at an early date. It is hoped that every member will carefully mark hers and return it to the Secretary.

The Annual Meeting will be held at Hamilton on the morning and afternoon of May 24th.

A union meeting of this Association and the Canadian Society of Superintendents of Training Schools for Nurses will be held on the evening of May 24th.

An interesting programme has been prepared and will be in the hands of members early in April. Come prepared to take part in the discussions.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. **Incorporated 1901.**

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The C. N. A. met on Tuesday, March 5th, to hear Dr. Chipman. Limited space forces us to lay aside much that is intensely interesting, and give, in outline only, his invaluable advice to individual nurses:—

"The world has very slowly learned the lesson of the good Samaritan. Two things teaching us this lesson are education and training. Education and training has made the nurse to-day—respected and honored, and, if the right sort, loved.

"Of the future. How are you to combat the monotony, discouragements, the stultifying routine and servitude of your profession, how make and keep the best of yourselves and maintain your ideal. Take an inventory of your professional assets—the things you do well, and the things you dislike or do badly—strengthen the weak spots. Be an all round, intelligent woman.

"Cultivate a taste for reading. Read a little every day and gradually you will come to like the more solid books. Read a current periodical.

"Take up a hobby, music, drawing, fancy work, anything. Collect things. Do something and so forge links of common interest with your fellows. Be cosmopolitan in your interests and sympathies and broad in your views. Laugh often, and often at yourself.

"Education and training are the impetus to surge mankind upward and forward."

A vote of thanks was tendered by the President. It is needless to add the lecture was most thoroughly appreciated and will, we hope, be put to practical use.

Nurses are busy interesting themselves in the coming bazaar.

Mrs. Maill (née Fortescue) has come East with her baby daughter. Her stay is indefinite.

My Scallop Shell of Quiet

Friendship hath the skill and observation of the best physician; the diligence and vigilance of the best nurse; and the tenderness and patience of the best mother.—*Lord Clarendon.*

The only way to have a friend is to be one.—*R. W. Emerson.*

Take heed of thy friends. A faithful friend is a strong defence; and he that hath found such a one hath found a treasure.—*Proverbs.*

So long as we love we serve—so long as we are loved by others I would almost say we are indispensable, and no man is useless while he has a friend.—*R. L. Stevenson.*

Don't flatter yourselves that friendship authorizes you to say disagreeable things to your intimates. On the contrary, the nearer you come into relation with a person, the more necessary do tact and courtesy become.—*Oliver Wendell Holmes.*

> The years have taught some sweet, some bitter lessons, none
> Wiser than this, to spend in all things else,
> But of old friends be most miserly. —*J. R. Lowell.*

It is a good and safe rule to sojourn in every place as if you meant to spend your life there, never omitting an opportunity of doing a kindness, or speaking a true word, or making a friend.—*Ruskin.*

Cultivate kindly those friendships of your youth; it is only in that generous time they are formed. How different the intimacies of after years are and how much weaker the grasp of your hand after it has been shaken about in twenty years' commerce with the world and has squeezed and dropped a thousand equally careless palms.—*Tennyson.*

CHIEF SUPERINTENDENT'S REPORT.

As we leave the year 1911 it is with mingled feelings that we look back over the Victorian Order field—the broad Dominion—feelings of thankfulness that we have been able to accomplish so much, of regret, that we have not accomplished more, and of enthusiastic hope, springing from our increased knowledge of needs and conditions, that we will accomplish a great deal more during this present year. And, as this report unfolds, the reason for these mingled feelings will be seen.

From the statistical viewpoint, the year has been one of expansion. Our nurses have cared for, in the hospitals and districts, 19,922 patients, the district nurses have made 162,373 visits, 5,923 of which were in answer to night calls, 525 days' continuous nursing were reported, and in the hospitals, 48,739 hospital days. The increases over last year's reports are: 1,733 patients, 32,730 visits, 1,630 night calls and 5,460 hospital days.

Fifty-nine nurses have been admitted to the Order, and 24 have resigned. Of these, seven have resigned to be married, five on account of ill-health, two by request, one to take up other work, and nine from other causes. Two have returned to the Order and two are on the Reserve List. The total number of nurses in active service under the Order is 191—an increase of 31 during the year. They were distributed as follows: In the hospitals, 36; in districts, 106; taking the post-graduate course in the Homes of the Order, 25; nurses-in-training in hospital training schools, 24.

Forty-four visits of inspection and 18 for organization have been made by the Chief Superintendent.

Six new branches have been opened: Districts at Sherbrooke, St. Johns and Ste. Anne de Bellevue, in the Province of Quebec; at Dundas, Ontario, and a hospital at Quesnel, B.C. A Victorian Order nurse has been sent to work on the Indian Reserve near Brantford, under the New England Missionary Society —that interesting society that has just celebrated its 250th anniversary. The Lady Minto Hospital, at Islay, Alberta, which is being built with the aid of a grant from the Order, is nearing completion. And a Lady Grey Country District Committee is organized at Innisfail, Alberta, ready for a nurse.

(To be continued.)

HOSPITALS AND NURSES.

Miss Amy Claxton, Victorian Order Nurse in Canso, C.B., is to be decorated by the Italian Government for her services to the sufferers in the Messina earthquake in 1910.

Mrs. Staebler, Superintendent of Sherbrooke Protestant Hospital, Sherbrooke, Que., has returned from Atlantic City, where she has been recuperating for a month.

Dr. W. P. Morril, formerly of Baltimore, is the new Medical Superintendent of Winnipeg General Hospital.

Miss Switzer, Graduate of Toronto General Hospital, Class '06, is home on furlough from Chung King, China, where she was engaged in hospital work. Miss Switzer is most enthusiastic about the possibilities of the work there and looks forward to her return. She spent a few days with Miss Halley, 1 St. Thomas street, Toronto, who is a classmate. Miss Halley entertained the members of the Class of '06 to tea on the afternoon of February 23rd, in honor of Miss Switzer.

Miss Margaret K. Anacker, of Pittsburg, Pa., a Graduate of the Western Pennsylvania Hospital, Pittsburg, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, is giving lectures and practical instruction in massage to the nurses in training at the General Hosptal, Butler, Pa., and the General Hospital, Braddock, Pa.

The Annual Meeting of the Vancouver Graduate Nurses' Association took place at the Nurses' Club, Wednesday evening, January 3rd, 1912.

The Registrar's Report for the year ending December 31st, 1911, for the Graduate Nurses' Registry showed:—Number of nurses registered, 173; number of calls, 950.

Treasurer's Report:—Brought forward, $48.25; receipts, $58.75; expenditures, $90.90.

Secretary's Report showed:—Number of members, 86.

Work done during the year included the drawing up of a Bill of Registration for Nurses for British Columbia, and plans for forming a Graduate Nurses' Association of British Columbia.

The following officers were elected for 1912.—

President—Miss Hall, 111 Broadway east.

First Vice-President—Miss Hancock.

Second Vice-President—Miss Barnard.

Treasurer—Miss Black, 825 Bidwell street.

Secretary—Miss R. Judge, 811 Thurlow street.

The Committees for Registration, Sick Visiting and Social Work were formed. The V. G. N. A. proposes to give a series of "Bridge Drives" in order to raise funds to go towards the expenses of the proposed Act of Registration.

Fort William, Ont.—The Graduate Nurses' Association of Thunder Bay District held a special meeting in February at the home of the Honorary President, Mrs. J. G. Cooke. The subject under discussion was presented by the Equal Suffrage Association through the Local Council of Women. The grant-

ing of the franchise to married women with property qualifications. The vote at the close of the discussion was in the affirmative.

An effort was made to secure some new subscribers for The Canadian Nurse. At the close of the meeting refreshments were served and a social half-hour much enjoyed.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset street, Monday, February 12th, at 3.30 p.m., with a large number in attendance. The President, Mrs. Ballantyne, was in the chair.

After the routine business had been attended to, Dr. Klotz of the Dominion Observatory, spoke on various interesting topics. His remarks were most instructive and entertaining and much appreciated by all. The meeting then adjourned, after which refreshments were served.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held Friday, March 1st, at the Nurses' Residence—the President in the chair.

The Finance Committee on the furnishing of the Nurses' Ward in the new Hospital brought in the suggestion that printed pledge cards be sent to each member of the Association. The suggestion was adopted by the meeting. After the business was over Mr. Starr, Judge of the Juvenile Court, spoke to us on his work among delinquent children. His policy is not one of punishment but of moral prophylaxis, if we may so use the term. The address and the following informal discussion were thoroughly interesting and educative. A hearty vote of thanks was tendered Mr. Starr. After the usual cup of tea the meeting adjourned.

The Vancouver Graduate Nurses' Association held its regular monthly meeting at the Nurses' Club, Barclay street, on Wednesday evening, February 7th. There was a large attendance and a good deal of business discussed. The value of registration for nurses was the foremost topic. Seven new members were enrolled. The report of the bridge party, given under the auspices of the V. G. N. A., was very encouraging. Twenty-four tables were filled, and after all expenses are paid the Social Committee will be able to place a sum of over $80.00 to the Registration Bill Fund. The Committee has planned a Cinderella dance on Tuesday the 20th, which is expected to be a like success. The proposal to affiliate with the Local Council of Women was unanimously carried.

Hamilton.—On Friday, February 23rd, a meeting of all Graduate Nurses in Hamilton was called to meet at the Nurses' Club, 143 James street south, for the purpose of forming a Chapter of the Graduate Nurses' Association of Ontario. Twenty-two nurses were present. Miss Madden, Superintendent of the City Hospital, was appointed Chairman. The matter was discussed and the aims and advantages of such a Chapter explained with the result that it was unanimously agreed that a Chapter be organized. Miss Smith was appointed Chairman, and Miss Hanna Secretary-Treasurer. It was decided that meetings be held the fourth Friday of each month at the City Hospital Nurses' Home at 8 o'clock p.m. Notice of meeting will be printed in the city papers each month.

At the end of the fall, 1911, course in Mechano-Therapy the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.:—

Ella W. Hill, Bluefield, W. Va.; Elizabeth Auld, Naugatnck, Conn.; Jessie W. Doty, Burlington, Ill.; Alice F. Ware, Townshend, Vt.; Harriett E. Adams, Mobile, Ala.; Effie R. Hatfield, Lumberton, N.C.; Agnes Deegan, Savannah, Ga.; Lizetta Keebler, Pittsburg, Pa.; Margaret M. Maloney, Pittsburg, Pa.; Sarah E. Moorman, Lynchburg, Va.; Jennie Dean, Bellingham, Wash.; Lucy S. Wright, Atlanta, Ga.; Lucy M. L. Maloney, Ottumwa, Iowa; Margaret Jamieson, Gananoque, Ont.; Helen C. Good, Norwich, Conn.; Emily N. Miller, Reading, Pa.; Marion W. Bryant, Mt. Airy, Pa.; Jeanne H. Fracker, Philadelphia, Pa.; Anna M. Vetter, Fairburg, Ill.; Herman E. Knies, Hazelton, Pa.; Herman J. Schingeck, Buffalo, N.Y.

The regular monthly meeting of the Central Registry Committee was held at 569 Bathurst street, on Monday, March 4th, at 3 p.m. In the absence of Miss Ferguson, the Convener, the chair was occupied by Miss McKenzie, R.N. Eight members were present. Four applications were considered by the Committee and accepted.

The Registrar's Report showed the total number of calls for February to be 264. Three cases were helped by the Extension Fund. There are 392 members. The total bank balance is $1,878.47. Four nurses have joined the School Nursing Staff—Mrs. Feeney, Miss Brick, Miss Dayman, Graduates of Toronto General Hospital, and Miss Webster, Graduate of Grace Hospital, Toronto.

Miss Hedge, Graduate of Guelph General Hospital, has taken a position in Cobalt Mines Hospital.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held at the Nurses' Residence on Friday, March 1st, at 3.30 p.m. Miss Christie, First Vice-President, presided. The Clothing Committee reported a number of garments ready for the Evangelia Settlement. Fifteen dollars was voted to the furnishing of the new Club. As the speaker for the afternoon was unavoidably absent, the meeting was adjourned after some discussion re plans for Annual Meeting.

The new dispensary of the Medico-Chirurgical College and Hospital, Philadelphia, was opened on March 7th. The building, one of the best in the city, is situated opposite the hospital, and is large and commodious with ample provision for every department. It is one storey in height and the rooms are almost all lighted by skylights, thus ensuring privacy and an abundance of illumination.

The waiting room at the rear of the building is spacious and well lighted by means of a large octagonal skylight immediately over the fountain and by large south windows. The fountain, which is a gift to the hospital from the J. L. Mott Company of New York, rises from a circular basin eight feet in diameter and is of handsome design. Surrounded by growing plants and with gold fish playing in the basin below, it adds much to the attractiveness of the waiting room and of the dispensary in general. Surrounding the fountain are plain but comfortable benches for the waiting patients; a sanitary drinking fount that obviates the use of a common cup is at one side; and toilet rooms with sanitary fixtures, and that can be flushed by hose from top to bottom, flank

the waiting room on the west, as does the room for the janitor and pharmacy supplies. The waiting room is also intended for the use of ambulant patients from the wards of the hospital at such hours in the morning and afternoon as the dispensary is not in use by out-patients.

St. Catharines, Ont.—The first monthly meeting of the Alumnae Association of the Mack Training School, St. Catharines, was held on March 5th in the Nurses' Home. Miss Uren, Superintendent of the Hospital, kindly gave the Association the use of the Home for its meetings. Miss Tuck, the President, presided. Plans were discussed for future meetings and a pleasant and profitable series is anticipated. The next meeting will be of a social nature. Will the nurses bear in mind that the meetings are held the first Wednesday of each month.

Miss Elliott has returned to the city and has taken up private nursing. We are glad to welcome her back.

The new hospital at Chilliwack, B.C., was declared ready to receive patients by Rev. R. J. Douglas, Chairman of the Hospital Board, on February 27th, in the presence of a large number of guests. The need of such an institution has long been felt and the expression of satisfaction with the work accomplished was general. The hospital, situated in the southwest corner of the town, will accommodate sixteen patients. Mrs. Wemp is the Superintendent, who, with two probationers, forms the present staff.

TUBERCULOSIS IN JAPAN AND SYRIA.

Japan is not lagging behind in the fight against tuberculosis. The Japan Health Association has over 200,000 local members and carries on a campaign of lectures in the cities and towns of the country. Tuberculosis is increasing in Japan, due chiefly, Prof. S. Kitasato of Tokyo says, to the rapid development of the factory system of industry, the introduction of modern methods and manners of civilization and the increasing acuteness of the struggle for existence.

Consumptives in Syria are treated to-day much in the same way as the lepers have been for the last two thousand years. Tuberculosis is a comparatively recent disease among the Arabs and Syrians, but so rapidly has it spread that the natives are in great fear of it. Consequently when a member of a family is known to have the disease, he is frequently cast out and compelled to die of exposure and want. A small hospital for consumptives has been opened at Beyrout.—*Nurses' Journal of the Pacific Coast.*

ECLAMPSIA.

Eclampsia is one of the complications of labor that the nurse dreads perhaps more than any other. *The Nursing Times*, after noting a very severe case of Eclampsia which seemed almost hopeless but which finally yielded to treatment and the patient made a good recovery, says:—

Perhaps the keynote of this narrative is "hope,"—that even the most severe cases may not terminate fatally; and this idea is borne out by the discussion on a paper recently read by Dr. Hastings Tweedy, late Master of the Rotunda, on "The Cause and Cure of Eclampsia."

Given, of course, pregnancy as a necessary predisposing cause, though the reason for it is so far unexplained, Dr. Tweedy asserts that "food is the actual exciting cause of eclampsia, and the primary cause of the toxæmia giving rise to heart failure. Theorizing as to the general conditions which lead up to this culmination he says, "Observation has shown us that many pregnant women do not drink enough fluid. Concentration of the toxins which arise from maternal and fœtal waste may overtax the excretory organs and cause degeneration. The curious cravings which some pregnant women experience, due entirely to accumulation of toxins, will cause much indigestible food to be taken, and this food is frequently incompletely masticated."

But it is not only on these earlier mistakes in diet that Dr. Tweedy bases his theory of treatment. He had observed that "neither medicine nor food could be safely placed in the mouth of an unconscious patient. If placed in the mouth they are likely to find their way into the lungs rather than into the stomach, thus predisposing to bronchial inflammation, and leading to pulmonary œdema. Digestion was in abeyance during the unconscious state, and therefore the presence of food in the stomach increased the severity of eclampsia." Basing his conclusions on the results of several cases which he quotes, Dr. Tweedy's method is to absolutely withhold all food, even milk or whey, for a long period after consciousness is regained, or until recovery is complete.

Stomach lavage is the next important item in the treatment recommended, not only by Dr. Tweedy, but by other speakers, a purgative being subsequently poured through the tube. The lower bowel is then thoroughly washed out with a solution of sodium bicarbonate given through a long rubber tube; and when all fæcal matter is cleared away about a pint of the solution is left in the rectum. If, in spite of this, the urine remains scanty, sub-mammary infusion of a similar solution is practised, the injections amounting to one to two pints. Linseed meal poultices are applied to the loins to help to increase renal activity, and changed every three hours. Mucous which forms in the mouth is wiped away, and in this connection it is important to keep the patient on her side, as, if the mucous is allowed to collect in the pharynx, it will cause spasm of the glottis,—a fruitful source of asphyxia, as Dr. Tweedy points out. Should this occur "the attendant is instructed to draw the patient's head and shoulders over the side of the bed and at the same time to turn the face down towards the floor. This pouring of bloody mucous from the nose and mouth, with rapid relief of symptoms. Oxygen and artificial respiration are important aids in the re-establishment of breathing. Should consciousness be restored sufficiently to permit of swallowing, the patient is encouraged to take frequent draughts of hot or cold

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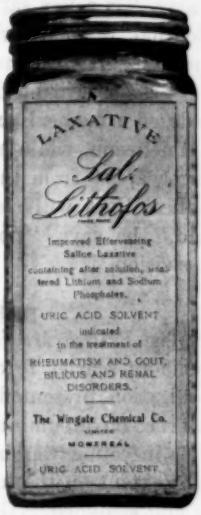

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water." Dr. Tweedy gives half grain, followed by quarter grain doses of morphine. Vapor baths and similar treatment he objects to on the ground that "eclamptics are suffering from paucity of fluid in the circulation, and this in spite of their tissues being possibly solid with œdema. What is greatly wanted," he says, "is a less saturated condition of the blood, and it is impossible to suppose that profuse sweating can have any other action than to increase this abnormality. Only a minimum of toxins (if any) can be eliminated by sweating."

A good deal of this treatment would only be effective, or possible, in the hands of a medical practitioner, but it presents some useful hints to midwives. In conclusion, while admitting that all kinds of fits have always an element of danger apart from the actual disease, Dr. Tweedy is convinced that treatment on these lines will result in materially decreasing the mortality of eclampsia; "and," he says, "no other disease better repays the attendant for personal supervision."

SEPTICAEMIA IN SCARLET FEVER.

The *British Medical Journal* reports that Hutinel describes a case of septicaemia in scarlet fever. In the first days of the fever symptoms of a severe intoxication presented themselves, especially a marked erythema. There were, however, no albuminuria, arthopathies, cardiac or pulmonary symptoms. The whole infection was implanted on the throat, nasal fossæ, and larynx, and to a slight extent on the lmyphatic glands. The mucous membrane became gangrenous and sloughed. The child died, and on post-mortem examination the viscera, to the eye, presented no abnormalities save a certain degree of congestion. On microscopical examination, the thyroid, hypophysis, and suprarenal glands were inflamed, and all showed signs of hypofunction. Hutinel believes that the absence of function of these glands caused great lowering of arterial pressure and general asthenia, and paved the way for the appearance of the suppuration of the pharynx and larynx. He is strengthened in his opinion by the fact that Tixier and Troisier found on post-mortem examination, in a case of malignant scarlet fever, that the suprarenals were destroyed and the pancreas seriously affected. Basing his opinion on these facts, Hutinel considers that the treatment of individual cases should depend on the organ chiefly affected; if the liver is chiefly to blame, this organ should be treated; if the suprarenals, then adrenalin or extract of the whole gland should be administered, in addition to symptomatic treatment.

The same journal, quoting from the *Arch. of Ped.*, 1911, xxviii, reports that Vipond, in a preliminary note, states that he has discovered what he considers to be the organism—a bacillus—of scarlet fever, which has the following characteristics:—(1) The bacillus was obtained from seven cases of scarlet fever; (2 it will grow on all ordinary media, growth occurring in 3½ hours; (3) it is to be found in the lymph nodes; (4) inoculation into five monkeys and two rabbits produced typical scarlet fever; (5) the same bacillus has been recovered from the lymph nodes in each instance, and the typical growth has developed on the different media; (6) the bacillus is a long one, with rounded ends, staining variably with Gram, and occasionally showing a beaded structure; (7) some cultures show oscillatory motility; (8) the organism produces spores.—*British Journal of Nursing.*

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MUSCULAR SORENESS

THE NECESSITY OF PERSONAL DAINTINESS.

Personal daintiness in a trained nurse is a quality which always commends her. It is the outward sign of inward refinement, and, to a helpless patient, himself fastidious, it is a token that the small things which make for his personal comfort will not be overlooked.

To take only one instance: the daily care of patients' nails, ignored by some nurses, attended to so punctiliously by others, may make all the difference to his comfort, and, in regard to the hands of the nurse herself, it is very repugnant to many patients to be attended to by anyone whose hands are carelessly kept.

In these days we know also that any slight deviation from rigid personal cleanliness in a nurse may be a real danger to her patient, and that her spotless uniform should be the outward and visible sign of a scrupulous personal cleanliness in every detail. This is understood by all well-trained nurses, but there is one point which they may not always appreciate, and that is the danger of decaying teeth.

Many surgeons nowadays insist upon attention to a patient's teeth before performing a serious abdominal operation, because they fear the absorption of septic poison in the intestinal tract. In the same way nurses should be exceedingly careful to have all unsound teeth stopped or removed, as it is quite possible for them to be prejudicial to the progress of a surgical case if they do not observe this rule.

We recently heard of a surgeon in a large London hospital who was not satisfied with the recovery of his cases after operation. None of them recovered quite as well as he could desire, and stitch abscesses were not unknown. He thought of all possible causes, he enjoined greater care upon the nurses, and still the results in his wards did not please him. At length, being a liberal and fair-minded man, it occurred to him to wonder whether he himself was responsible for the failure, and eventually came to the conclusion that the trouble arose from some defective teeth in his own mouth. He thereupon put himself in a dentist's hands and had his teeth overhauled and defective ones stopped or extracted. The result was extremely satisfactory, for since then the healing of surgical cases in his care, by first intention, has been the rule, and his results all that could be desired.

The lesson to nurses is plain; no source of possible contamination in themselves should be overlooked. Decaying teeth and supurating gums, the presence of ulcers on the legs or elsewhere, contra-indicate the care of a surgical or midwifery case, until these matters have been attended to and rectified.

It follows also that no detail of the nurse's personal toilet is too trivial to be overlooked; hair, teeth, nails, all should be attended to with a minuteness which places them, like Cæsar's wife, above suspicion. So we return to our original proposition with added force. Personal daintiness is a necessary quality in a trained nurse, not only because it is an index of her personal refinement but because without it she is a source of danger to her patient.

Cases are on record in which sepsis in a lying-in woman has been directly

"in the treatment of muscular cramps, hot applications according to S. Solis Cohen, lessens the excitability and energy of the voluntary muscles and relieves the excruciating pains accompanying these attacks.

In neuralgias as shown by Du Bois Raymond, where there is compression of the nerve trunk by the over filling of blood vessels in contiguous areas, hot applications relieve the congestion and pain by diversion of the blood to other parts.

In the use of hot moist heat as a therapeutic agent in the treatment of muscular spasms and neuralgias, antiphlogistine seems to be particularly indicated. It relieves muscular tension, stimulates capillary and arterial circulation, thus removing the congestion and its accompanying pain.

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traced to some sore, or septic condition on the part of the midwife in attendance. And, with our present day knowledge, it is reprehensible of any nurse or midwife to subject a patient to the risk of infection.—*The British Journal of Nursing.*

MILITIA ORDERS.

Headquarters, Ottawa, December 30th, 1911.

COURSE OF INSTRUCTION FOR NURSING SISTERS.

A course of instruction in the duties laid down in the "Regulations for the Canadian Medical Service, 1910," for Nursing Sisters, will be held at the P. A. M. C. School of Instruction, Halifax, from May 1st to 31st, 1912.

The number of Nursing Sisters attending will be limited to four, except those residing in Halifax.

Applications will be submitted as soon as possible.

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Major-General, Chief of the General Staff.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurses: Miss C. Sandbach, Miss M. Wood.

Transfers to Stations Abroad.

STAFF NURSES.

Miss M. C. Tawney, to Gibraltar, from Chatham.
Miss K. F. Fawcett, to Egypt, from Cosham.
Miss I. M. Johnston, to Egypt, from Chatham.

15th February, 1912.

The following ladies have received provisional appointments as Staff Nurses:—Miss M. V. Bonallo, Miss F. M. Jackson, Miss C. A. Stevens.

Transfers to Stations Abroad.

Miss M. R. Makepeace, to Malta, from Davenport.

STAFF NURSES.

SISTERS.

Miss W. E. Eardley, to South Africa, from London.
Miss C. E. A. Harries, to South Africa, from Colchester.
Miss A. P. Wilson, to South Africa, from Dublin.
Miss M. H. Smyth, to South Africa, from Netley.

E. W. BECHER,
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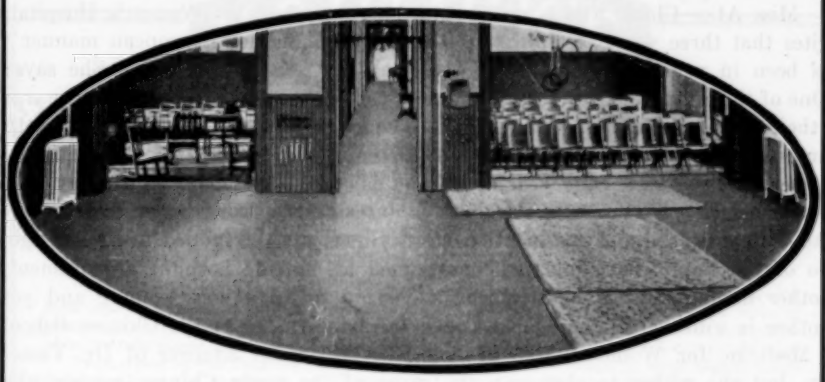

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NURSING IN CHINA.

Miss Alice Clark, who is now working in the Shanghai Women's Hospital, writes that three years' training for Chinese girls in the "European manner" has been in vogue in many of the hospitals for some years now. She says: "One of the girls from this hospital is employed by the municipal council as nurse in their Chinese isolation hospital, and in Hong Kong they have trained maternity nurses who go to nurse lying-in patients in their own homes." At the Shanghai Women's Hospital a four years' training is given, including midwifery and dispensing, and the nurses are trained as anaesthetists, work which they undertake with diligence and conscientiousness. Since it was founded five years ago, two of the nurses have married, one gained an outside hospital appointment, another having finished her training stayed on to learn housekeeping and yet another is waiting till September, when she hopes to go to the Chinese School of Medicine for Women. Miss Walker is a very great admirer of Dr. Yamei Kin, but she wishes to champion the cause of the many Chinese women who have spent several years in training as nurses in the "European manner."—*The Nursing Times.*

BIRTHS.

HOPKINS—At Holt, on Sunday, January 21st, 1912, to Mr. and Mrs. John A. Hopkins, a son.

Mrs. Hopkins (nee Foster) is a graduate of Toronto General Hospital.

ROSS—On February 9, 1912, to Mr. and Mrs. Oliver Ross, 31 Marmaduke street, Toronto, a son.

Mrs. Ross (née Benner) is a graduate of Toronto Western Hospital.

MARRIAGES.

McLAREN—ROBINSON—At Blessington, Ont., December 27th, by Rev. Mr. Kemp, Mr. Ross McLaren to Sabra Maud Robinson.

Mrs. McLaren is a graduate of Lowell Hospital, Lowell, Mass., class '08.

JOHNSTON—WARREN—On Wednesday, November 8th, 1911, at the Methodist Church, Banff, Alta., Miss Lillian Weir Warren, of St. Thomas, Ont., to Dr. J. P. Johnston, B.S.A., of Edmonton, Alta.

Mrs. Johnston is a graduate of the Amasa Wood Hospital, St. Thomas, class '08, and was on the staff of the Victorian Order of Nurses in Halifax, N. S.

MOORE—READE—At Campbellville, Ont., at the home of the bride, on February 7th, Miss Mary Reade, graduate Toronto General Hospital, to Mr. Allan Moore, of Calgary, Alta.

Mr. and Mrs. Moore will reside in Calgary.

DEATHS.

MUIR—At Lyndhurst Hospital, Toronto, on January 16th, Agnes Muir, graduate of Toronto General Hospital, class '94.

GRAY—On December 3, 1911, at Deer Lodge, Montana, Mrs. T. J. Gray (née Parkinson), a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Class '05.

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THE NURSES' LIBRARY.

Health and Medical Inspection of School Children. By Walter S. Cornell, M.D. $3.00. Philadelphia: F. A. Davis Co.

This excellent textbook, which has been expected from the press for some months, and has been awaited with unusual interest, is probably, to the School Nurse in Canada, the most valuable book available at present on the subject of her work. Not that there is a great deal directly written on the work of the School Nurse separately, but the whole subject is regarded by the writer from such a point of view, and the amount of work that he has given to elucidating every important aspect of it is so great and well placed, that the result is an exceedingly instructive and interesting book. The reader is impressed at once with the wealth of material, and the care that the writer has taken to render his presentation of the subject helpful in everyday school medical inspection work.

The book is divided into three parts: 1. Medical Inspection. 2. Hygiene. 3. Defects and Diseases. About 80 pages are given to a clear and useful account of mentally defective children, special classes for them, etc. This book is indispensable to anyone who wishes to keep pace with the work of medical inspection of schools. There are 200 good illustrations.

The Nurses' Materia Medica. By Herbert French, M.A., M.D. (Oxon.), F.R.C.P. (London), Assistant Physician to Guy's Hospital, Examiner of Nurses at Camberwell, Greenwich, Hampstead and Woolwich Infirmaries, etc. Price, 2s. 6d. net. The Scientific Press, Limited, 28, 29 Southampton street, Strand, London, W.C., England.

The author has here given in book form a series of articles on this subject which appeared in *The Nursing Mirror.* The work is up to date (1911), and deals very clearly and fully with this subject as studied by nurses.

Dietetics for Nurses. By Julius Friedenwald, M.D., Professor of Gastroenterology in the College of Physicians and Surgeons, Baltimore, and John Ruhräh, M.D., Professor of Diseases of Children in the College of Physicians, Baltimore. Second edition. Revised and enlarged. W. B. Saunders Company, 925 Walnut Street, Philadelphia.

This volume, dedicated to Miss Nutting, is designed for use as a textbook in the training school as well as a handbook for nurses. It gives the essentials of dietetics and reviews briefly the physiology of digestion. A chapter has been added on simple methods for detection of certain food adulterations and preservatives. "Cuts of Meat" contains much useful information. Nurses will find this a valuable handbook.

Gynæcological Nursing. By Arthur E. Giles, M.D., B.Sc., F.R.C.S., M.R.C.P., Surgeon to the Chelsea Hospital for Women, Gynæcologist to the Prince of Wales' General Hospital, Tottenham. 41 illustrations. Price, 3s. 6d. net. Baillière, Tindall and Cox, 8 Henrietta street, Covent Garden, London, England.

Dr. Giles has written this book for the nurse, with the object of giving sufficient information about the organs concerned, and their diseases, to make her work intelligible and interesting. In the introduction the author describes the

Woman's World and Work

grow larger with her increasing freedom from household drudgery. Food sense and food knowledge have opened up larger opportunities for intelligent home-management. When cooks fail and servants fail and other duties are pressing hard there is

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Shredded Wheat is ready-cooked and ready-to-serve. Simply heat the Biscuit in the oven for a few moments to restore crispness; then pour over it hot milk and salt or sweeten to suit the taste. It is delicious and wholesome when served with canned pears or other canned or preserved fruits.

TRISCUIT is the Shredded Wheat Wafer—all the meat of the golden wheat steam-cooked, shredded, compressed into a wafer and baked. It is eaten as a toast with butter, soft cheese or marmalades.

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Ideal Nurse, and in his book he seeks to enable her to do her work in a thoroughly competent manner.

The Principles and Practice of Bandaging. By Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen; Member of the Royal College of Surgeons, England; Professor of Orthopedic Surgery, University of Pennsylvania, etc. Third edition. Revised. Illustrated from original drawings by the author. P. Blakiston's Son and Company, 1012 Walnut street, Philadelphia.

The proper and careful application of a bandage means so much to the comfort of a patient. "The right way is the best way." The different bandages and principles of bandaging are simply and clearly explained by Dr. Davis. While his carefully prepared and detailed illustrations of every step leave the student in no doubt as to the proper procedure. Every nurse aims to be an adept in this art and will find the clear, definite instructions in this work just what she wants.

A Handbook of Obstetric Nursing for Nurses, Students and Mothers, comprising the course of instruction in obstetric nursing given to the pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M.D., formerly Obstetrician Gynæologist and Surgeon to the Woman's Hospital, Philadelphia; Physician-in-Charge and Superintendent of its Nurse School; Clinical Professor of Gynæcology in the Woman's Medical College of Pennsylvania; late Lecturer on Surgery and Operative Midwifery in the North India School of Medicine for Women. Seventh edition. Revised. Illustrated. Price, $1.00 net. P. Blakiston's Son and Company, 1012 Walnut street, Philadelphia.

In this edition a new chapter has been added on "The Examination During Pregnancy" and one on "Obstetric Operations." Other additions will be found under eclampsia, ophthalmia, neonatœum, and the care of premature infants. In the chapter on "Care of the Newborn Infant" the modified milk formulæ used in the Woman's Hospital are given, and the directions for dressing the umbilical cord have been changed to conform to present usage. A complete and useful handbook for nurses.

Diseases of Children for Nurses. Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene and Nursing. By Robert S. McCombs, M.D., Assistant Physician to the Dispensary and Instructor of Nurses at the Children's Hospital of Philadelphia. Second edition. Revised. Octavo of 470 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $2.00 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

This book, the outcome of the author's lectures to the nurses of the Children's Hospital, Philadelphia, embodies the methods employed in that hospital. It is designed to be a thoroughly satisfactory guide to the nurse in her management of sick children. The points on nursing were contributed by Miss Jennie A. Manly, head nurse of the hospital, also the recipes for infant feeding. Nurses specializing in this branch of nursing will find this work invaluable.

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Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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PUBLISHER'S PAGE.

Nurses who steadfastly persevere in their training, spurred with the knowledge that great things are only achieved by dilligence, endurance and sacrifice; who gain practice, absorb theory and attain knowledge, resourcefulness and self-reliance are amply repaid by their worth and service in saving human life.

The first success on any case is a nurse's good cheer, confidence, and gaining the patient's confidence by showing skill and proficiency in her profession.

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The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green street, Philadelphia, Pa., announces the opening of the second section of the winter classes on March 12th, 1912. Thorough practical and theoretical instruction is offered to the nursing profession. A large staff of able instructors, many connected with leading medical colleges, an elaborate equipment and excellent clinical facilities guarantee the student a thorough and practical training which will enable him to enter this lucrative field of work immediately upon graduation. We place graduates in well-paying positions, as we are constantly in contact with institutions all over the country. If you are interested in Physiological Therapeutics, write for particulars and illustrated prospectus.

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The proof that Canadian nurses are really serious in the desire for the widest possible knowledge of their profession has been furnished by the experience of The Macmillan Company of Canada. This firm started to advertise in this paper "Anatomy and Physiology for Nurses," by Diana Clifford Kimber, one of the most authoritative works published, and the response has been so great that the sales of the book have been nearly doubled.